

# Request for Name Change

(Form AL-B)

Please use this form to request a name change. Note that according to Section 27-7-17(B), Code of Alabama 1975, a licensee is required to notify the Department of Insurance of a legal change in name within 30 days of that change. Failure to comply with this statute will result in a \$50 fine.

**For individual licensees, this form must be accompanied by a marriage certificate, divorce decree, or court document.**

**For business entities, this form must be accompanied by a new Certificate of Existence from the Alabama Secretary of State.**

**PLEASE PRINT OR TYPE: (ALL INFORMATION IS REQUIRED)**

Licensee's **Former** Full Name: \_\_\_\_\_

Licensee's **Current** Full Name: \_\_\_\_\_

National Producer # or FEIN: \_\_\_\_\_ License #: A \_\_\_\_\_

Date of Request: \_\_\_\_\_

Mail this request to: **ALABAMA DEPT OF INSURANCE  
PRODUCER LICENSING DIVISION  
P O BOX 303351  
MONTGOMERY, AL 36130-3351**

Or fax to: **(334) 240-3282**